PTO/EB/81A (12-08)

SAGAGAA

07-22-2003

William Y. CLARK

ENHANCED DATA CASLE WITH

Approved for use through 11709/2011 C46E (661) 0015

3 5 Pasent and Trademost Office, U.S. OEPAPTMENT OF COMMERCIA Under the Paperwork Pedication Act of 1995, no pureless are required to respond to a follection of information unless it displays a waid OMB control member Patient Migrifuet Issae Date

First Named Inventor

PATENT - POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

WITH A NEW POWER OF ATTORNEY

(X) Yotal of 1

forms are substitled

AND CHANGE OF CORRESPONDENCE ADDRESS	CROSS-TWIST		CABLED CORE	
	Attorney Docket Nu	Docket Number 09600/1-0110		
hereby revoke all pravious powers of altorney given in the above identified patent.				
A Power of Attorney is submitted herewith		······		
R				
I harrely appoint Prentitioner(s) associated with the following Cristomax Number as mylour attorney(s) or agent(s) with respect to the potent kerdified above, and to transact all business in the United States Patent and Trademark Office connected therewith:		22428		
R			***************************************	
I hereby appoint Practitioner(s) named below as my/ above, and to transact all business in the United Sig-				
Practitioner(s) Name		Registration Number		
3				
		(		
)				
		(4(1.4)	n-n-nn-mn-mn-m)1111(	
The address associated with the above-mentioned Custom OR				
The address associated with the shove-mentioned Custom OR The address associated with Customer Number				
The actives associated with the shove-mentioned Custom OR The actitiess associated with Customer Number OR First Control of Control				
The actions associated with the above-mentioned Contient OR  The actions assembles with Contient Number OR  For or Individue Name  (cross				
The address associated with the shove-mentioned Costern OR The address associated with Customer Number OR From or Instituted Niene (dress	or Nursber.		, in the state of	
The address associated with the above-mentioned Custom OR The address associated with Suparimer Number OR France France Indicate Name Octors  If	er Niawer	Z		
OR  The acidess associated with Cookinner Number  OR  From or Indiagnose Network  Gers  By  Supplier  In the  Inverser, naving ownership of the patient	Conte	[ 23	5	
The address associated with the above-mentioned Coston OR The address associated with Coalegner Number OR First or Indicates Name Stress W White the Coalegner Number Or or Indicates Name Or or Indicates Owner Indi	Conte	ŢZ	<b>5</b>	
The address associated with the above-mentioned Constant OR The address associated with Contemper Number OR First or Indiana Name Stress W Interpretation of the address interpretation of	Sinte   Email	Zq		
The address associated with Sustamer Number OR  The address associated with Sustamer Number OR  For or  Form or	Sinte   Email	Date 3/10/		

The collection of information is included by ST CFR 131, SSZ and 133 The invitation is required as obtains or vision in behind by the ISSP CP is proceeds an approximate Collection (as a processing by discisor SSZ and 3 STR 113 and 131 This individual is efficient to their or includes the second control of the collection of the collect ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1490.